Case:17-03283-LTS Doc#:18179-1 Filed:09/21/21 Entered:09/21/21 11:16:49 Desc: Pro se Notices of Participation Page 1 of 101

Participant must provide all of the information below in English:

1.

if any

Participant's contact information, including email address, and that of its counsel,

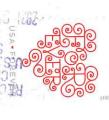
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|-------------------------------------|---------------------|----------------------|------------------|------------|----------|
| Participant's Name: | hamos | Medina | horaine | | |
| Participant's Address: | 791 Pedro | Margarit | Fair View | San | Social R |
| Participant's Email Address | : loryrau | 10519@gmail | · con | | |
| Name of Counsel: | | Liddin | 1 124 - | <u>Lik</u> | - 4 |
| Address of Counsel: | | | | | |
| Email Address of Counsel: | | | | N | |
| 2. Participant's | Claim number ar | nd the nature of Par | ticipant's Claim | ι: | |
| Claim Number: | 107605 | | | | |
| Nature of Claim: | Active El | 25 Participan | + Claims | | |
| By: Ruane Ma | nor Meda | | | | |
| Signature Lovaine Paul | os Medina | | | | |
| Print Name | | | | | |
| Title (if Participant | is not an individua | al) | | | |
| غو تعطیر او _{ل د} یک د د د | | * = | | | |
| Date | | | | | |

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Participant must provide all of the information below in English:

| if any: |
|--|
| Participant's Name: RAFAEL QUINOMES MANAUTOU |
| Participant's Address: URb. El Cemitl-ANTONIO ARIAS CRUZ SANTUAN, PR.00924 |
| Participant's Email Address: rafaelqui 659 @gmail.com |
| Name of Counsel: |
| Address of Counsel: |
| Email Address of Counsel: |
| 2. Participant's Claim number and the nature of Participant's Claim: |
| Claim Number: |
| Nature of Claim: |
| RAFAEL QUINDNES MANAUTON |
| RAFAEL QUINDNES MANAUTON |
| Print Name |
| Title (if Participant is not an individual) |
| 7 Sept - 2021 |
| Date |

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Case:17-03283-LTS Doc#:18179-1 Filed:09/21/21 Entered:09/21/21 11:16:49 Desc: Pro se Notices of Participation Page 5 of 101

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

| n any. | 140 | | 7型 SEP ZU TTI O |
|---|---------------------|-----------------|--------------------------|
| Participant's Name: | Victoria ? | Salbuna | Francisco |
| Participant's Address: | Calle Coli | n # 13 Fo | jardo, P.R. 00738 |
| Participant's Email Address: | alibalbuen | a Quahoo. | com |
| Name of Counsel: | Oneill É | Borges L | LC |
| Address of Counsel: | 250 Muñoz | Rivera 1 | Ave. Suite 800 San Juan, |
| Email Address of Counsel: | | | |
| 2. Participant's C Claim Number: | laim number and the | ne nature of Pa | rticipant's Claim: |
| Nature of Claim: | | | |
| By: Signature Victoria Balbu Print Name | ena Francisco | | |
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| Title (if Participant is a | not an individual) | | |
| 08-18- | 2021 | | |
| Date | | | |

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Calle Colon #13
Cajordo PR, 00738

United States District Court
Clern's Office, 150 Ave. Carli



Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

| if any: | | SEP 20 PM 5: 2 | ata. |
|---------------------------------------|--|---|----------|
| Participant's Name: | Arturo Aguaya Ort. 2 | | <i>0</i> |
| Participant's Address: | Urb. Villa Grillasca calle | Pujals 1441 Pon | u PR |
| Participant's Email Address: | artere agrayo 550 agmail com | | _ |
| Name of Counsel: | Marin Ton. | | |
| Address of Counsel: | | = = = , , , , , , , , , , , , , , , , , | |
| Email Address of Counsel: | | | <i>(</i> |
| 2. Participant's C | Claim number and the nature of Participa | nt's Claim: | |
| Claim Number: | 17-BK-3566-LTS | | |
| Nature of Claim: By: | ERS Vario | | |
| Signature Arturo Aguayo (Print Name | | | |
| Title (if Participant is | not an individual) | | |
| no sept. | 2621 | 5 | |

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Participant must provide all of the information below in English:

| 1. Participant's con | tact information, including email address, and that of its counsel, |
|--------------------------------|---|
| if any: | |
| Participant's Name: | Vilna del Midina Clash |
| Participant's Address: | 20 Bro 366 Lugniflo, PR 00173 |
| Participant's Email Address: (| Consejera 1080 @gmail.com |
| Name of Counsel: | |
| Address of Counsel: | |
| Email Address of Counsel: | |
| 2. Participant's Cla | im number and the nature of Participant's Claim: |
| Claim Number: | 37716 |
| Nature of Claim: | |
| By: Vilna De | C. Medina Ocasio |
| Signature | |
| Vilma del | - Medina Ocasio |
| Print Name | SE SECTION OF THE PROPERTY OF |
| | N RESERVE |
| Title (if Participant is no | ot an individual) |
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Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

if any: Veronica Amador Colón Participant's Name: 013 calle 19 Unb El Cortijo Bayamon P.R-00952 Participant's Address: Participant's Email Address: amadorveronicatio yahoo com Name of Counsel: Address of Counsel: Email Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim: Claim Number: Public Employer and Pension Retiree Claims Nature of Claim: By: 31-August - 2021 Date

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Date

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

if any: 1. Medina Participant's Name: Participant's Address: anamedina 1948 (a) gmail Participant's Email Address: Name of Counsel: Address of Counsel: Email Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim: Claim Number: Nature of Claim: Signature Print Name Title (if Participant is not an individual)

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Case:17-03283-LTS Doc#:18179-1 Filed:09/21/21 Entered:09/21/21 11:16:49 Desc: Pro se Notices of Participation Page 15 of 101 SRF 55923

Participant must provide all of the information below in English:

| Participant's c if any: | ontact information, including email address, and that of its counsel, |
|---|--|
| Participant's Name: | René Rus Soto |
| Participant's Address: | P.O Box 16 Amasco, P.A. 06616 |
| Participant's Email Address: | ruizvene 52 a) y choo. com |
| Name of Counsel: | NIA |
| Address of Counsel: | a) la |
| Email Address of Counsel: | AM |
| 2. Participant's C | laim number and the nature of Participant's Claim: |
| Claim Number: | 17BK3283-LTS |
| Nature of Claim: | PROMESA Title III |
| By: Signature | ₹ 5000 mm |
| Reve Rus | |
| Print Name | |
| Title (if Participant is r | BANK I STATE OF THE STATE OF TH |
| 7 de Saptier Date | mbr. de 202) |

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Case:17-03283-LTS Doc#:18179-1 Filed:09/21/21 Entered:09/21/21 11:16:49 Desc Pro se Notices of Participation Page 17 of 101

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any: Poris B. Ruiz Goyco P.O. Box 2925 Meyagüez, P.R. 00681-2925 Participant's Name: Participant's Address: Participant's Email Address: herespo rios@hotmail. com Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: 2. No.17BK 3283-2T5 PROMESA Title 111 Claim Number: Nature of Claim: By: Print Name Title (if Participant is not an individual)

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Clerk's office

150 Aug. Carlos Charden

Ste, 150, San Juan, P.R.

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Fr. Doris B. Ruiz Goyco

Po Box 2925 Mayorine, P.R. 08681-2925

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Case:17-03283-LTS Doc#:18179-1 Filed:09/21/21 Entered:09/21/21 11:16:49 Desc Pro se Notices of Participation Page 19 of 101

Participant's contact information, including email address, and that of its counsel

Participant must provide all of the information below in English:

| if any: |
|---|
| Participant's Name: Lucy ARCE Luchetty-Silvy Participant's Address: URB-ByenauentyRA-ALely Soys Participant's Email Address: MAYAGUEZ, P.R. 00683 |
| Participant's Address: URB-BYENAUENTYRA-ALELY SOYS |
| Participant's Email Address: MAYAGUEZ, P. X 00682 |
| Name of Counsel: |
| Address of Counsel: |
| Email Address of Counsel: |
| 2. Participant's Claim number and the nature of Participant's Claim: |
| Claim Number: |
| Nature of Claim: Emplogers Petirements ystem |
| By: July Wee 3/1/4 Signature |
| Print Name |
| 그는 그리고 하는 그는 그를 가는 그를 가는 것이 되었다. |
| Title (if Participant is not an individual) |
| 9-9-21 |
| Date |

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Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

| ii any. | 2 |
|------------------------------|--|
| Participant's Name: | Maria Magda Leva Rolón Cruz |
| Participant's Address: | Maria Magda Leva Rolón Cruz P.O. Box 1076, Cidra, P.R. 00739 rolon maria magdalena 10 gmail. com |
| Participant's Email Address: | volon maria magdalena 10 ag mail. com |
| Name of Counsel: | |
| Address of Counsel: | |
| Email Address of Counsel: | |
| 2. Participant's | Claim number and the nature of Participant's Claim: |
| Claim Number: | 179084 |
| Nature of Claim: | Public Employee Claim |
| Ву: | |
| Signature | |
| Maria Ma | andaleua Rolon Cruz |
| Print Name | agdaleva Rolón Cruz |
| | dalena Roein Cui |
| mona mago | alena reen un |
| Title (if Participant is | s not an individual) |
| 7/September/ | 2021 |
| Date / | |

Case:17-03283-LTS Doc#:18179-1 Filed:09/21/21 Entered:09/21/21 11:16:49 Desc SRF 55923 Pro se Notices of Participation Page 23 of 101

Participant must provide all of the information below in English:

| 1. Tarticipant's contact information, including email address, and that of its counsel, |
|--|
| if any: |
| Participant's Name: Walter lovo - Matos |
| Participant's Address: 73 Calle Capitan Corves |
| Participant's Email Address: 64 red 108 a yahoo com tonce |
| Name of Counsel: |
| Address of Counsel: |
| Email Address of Counsel: |
| 2. Participant's Claim number and the nature of Participant's Claim: |
| Claim Number: Case: 17-03283-CT5 |
| Nature of Claim: By: Malle and-Mah and of Alycha 194 |
| |
| Signature of the contact Determine October 19, 2021, volume of supplied the contact of the conta |
| Walter Ton- Matos Employee Reinkment |
| Print Name |
| School counselor in Ponce, P.R. |
| Title (if Participant is not an individual) |
| September 2nd 2021 |
| Date |
| |

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Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

| Participant's Name: | Sara Rosado Rodríguez |
|-------------------------------------|---|
| Participant's Address: | P.O. Box 614 Lagas, P.A. 00667 |
| Participant's Email Address: _ | saryjose 72 @ gmail. com |
| Name of Counsel: | n(A |
| Address of Counsel: | 71 A |
| Email Address of Counsel: | n la |
| 2. Participant's Cla | im number and the nature of Participant's Claim: |
| Claim Number: | 17 BK 3283-LTS |
| Nature of Claim: | Romesq Title III |
| By: <u>Jara Rosado</u> Signature | Robriguez to mov some in sum and their man man man in the |
| Sara Rosado Print Name | |
| rinit Name | S CLE |
| Title (if Participant is not | |
| <u>September q</u> Date | 2011 |

120. Box 614 Lajas, P.R. 20667 Soura Rosado Rodriques

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Case:17-03283-LTS Doc#:18179-1 Filed:09/21/21 Entered:09/21/21 11:16:49 Desc Pro se Notices of Participation Page 27 of 101

Participant's contact information, including email address, and that of its counsel,

Participant must provide all of the information below in English:

1.

if any: Veronica Flores Melecio Participant's Name: c/Nogal H-18 Urb. El Plantio Toa Baja P.R. 00949 Participant's Address: Participant's Email Address: Veronica flores 00949@ 9 mail. Com Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: The Financial Oversight and Management for PR Willeam
Con 17 BK 3283-LTS Claim Number: Nature of Claim By: Signature nica Flores Melecio Print Name Title (if Participant is not an individual) 27/08/2021

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Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

| ii aliy. | | | |
|---------------------------------------|-----------------------------|-------------------------|-----------------------------------|
| Participant's Name: | Daisy Ruinones | Rodriguez | la re: |
| Participant's Address: | Villa Corolina P | 3/9 82 -23 Calle 84 | Carolina P. Poo |
| Participant's Email Address: | Quinones_Dade.pr | | 43.38 |
| Name of Counsel: | This is | 1.0.10.1.1.1. | x 2 0 , 0 |
| Address of Counsel: | | | 16.5 |
| Email Address of Counsel: | | | |
| 2. Participant's C | Claim number and the nature | of Participant's Claim: | |
| Claim Number: | 87444 | i typ in | |
| Nature of Claim: | Pension Retiree | Claims | . T |
| By: Vary Dunces Signature Print Name | hodusez s Rodriguez | 15, 2021 hut on or help | US DISTRICTURED SAN JUNE 120 PM L |
| Title (if Participant is Sept 4, 203 | not an individual) | | o |

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Villa Carolina
89-23 Callo 84
Carolina Ph w985

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San Juan, PR 00918-1767

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Case:17-03283-LTS Doc#:18179-1 Filed:09/21/21 Entered:09/21/21 11:16:49 Desc: Pro se Notices of Participation Page 31 of 101

Participant must provide all of the information below in English:

| 1. Participant's c if any: | ontact information, including email address, and that of its counsel, |
|--|---|
| Participant's Name: | Eulogio Troche Torres |
| Participant's Address: | He I Box 4260 Las Mario, P. R. 0067 |
| Participant's Email Address: | |
| Name of Counsel: | |
| Address of Counsel: | |
| Email Address of Counsel: | Debuns," |
| 2. Participant's C | Claim number and the nature of Participant's Claim: |
| | |
| Claim Number: | Desconorio |
| Claim Number: Nature of Claim: | Armento Salarial dejado de passas |
| | Descenorio Armento Salarial dejado de pagan |
| Nature of Claim: By: Calz A Jan Signature | Desconorio Armento Salarial dejado de pagan Le Torres |
| Nature of Claim: By: Calz A Jan Signature Eclog is Trace Print Name | Wes District of the Torres |
| Nature of Claim: By: Calz & Jan Signature Colog o Tro Cal Print Name Title (if Participant is | Wes District of the Torres |

U.S. DISTRICT COURT
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United States District Court
Clerk's Office

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Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

| Participant's Name: | ANA DELTA FIGUEROA TURRES | |
|--|--|---|
| Participant's Address: | URB ALTURAS DE PEÑUELAS II, CALLE 16 Q 24, PEÑUELA | <mark>IS,</mark> PR 0062 |
| Participant's Email Address: | kegean50@hotmail.com | _ |
| Name of Counsel: | LCDO SERAFIN ROSADO SANTIAGO | |
| Address of Counsel: | CALLE SANTA ANA #7, ADJUNTAS, PR 00601 | ASSE |
| Email Address of Counsel: | lcdoserafinrosado@yahoo-com | |
| A STATE OF THE STA | Claim number and the nature of Participant's Claim: | ZÉRI. |
| Claim Number: | 81844 | - |
| Nature of Claim: By: Signature ANA DELIA FIGUEROA Print Name | ratired, an resident in Adjuntas, to whom I known personally, in Adj Puerto Rico, toda september 9th, 2 | ried; Puerto Rico juntas; 2021 |
| Title (if Participant is September 9th, 202 | PUBLIC NOTA | IRY 7 |
| Date | And the second s | |

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Participant must provide all of the information below in English:

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Participant's contact information, including email address, and that of its counsel,

| if any: |
|--|
| Participant's Name: Daniel Salas Cortés |
| Participant's Address: 243 Calle Paris PMB 1914 San Juan PR 00917 |
| Participant's Email Address: danielito 104 @ yahoo. com |
| Name of Counsel: |
| Address of Counsel: |
| Email Address of Counsel: |
| 2. Participant's Claim number and the nature of Participant's Claim: |
| Claim Number: |
| Nature of Claim: NO. 17BK 3283 - LTS |
| By: Signature |
| Daniel Dalas Cotés |
| Print Name |
| Title (if Participant is not an individual) |
| // Dep 2021 Date |

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Daniel Salas Cortés

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San Juan PR 00918-1767

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Participant must provide all of the information below in English:

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Participant's contact information, including email address, and that of its counsel,

| | if any: | VE- ³⁷³ | | | |
|-------------|--|-----------------------|----------------------------|--|------------|
| Particip | oant's Name: | Nelson | Huertas I | Bullat | |
| Particip | pant's Address: | P.O. BO | x 801 Ciales | P.R. 006 | 38 |
| Particip | oant's Email Address: | and the second second | | Control of the second of the s | 30 |
| Name o | of Counsel: | | | | |
| Addres | s of Counsel: | | | , | |
| Email A | Address of Counsel: | huertasbuya | to209@gmai | 1.com | |
| | 2. Participant's | Claim number and the | nature of Participant's Cl | aim: | |
| Claim 1 | Number: | 89275 | | Hirms . | |
| Nature | of Claim: Depar- | tamento de Educa | ción-Ley89 El Rome | vazo de la Sila | a Calderor |
| By: | Melson dece | to Bullet | | SEP SEP | U.S.D. |
| · eregistér | Nelson Huert | as Bullat | | 20 5 | |
| | Print Name | | | 2 | |
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| æ | Title (if Participant is | not an individual) | | 8 | |
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| | Date | | | | |

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U.S. DISTRICT COURT
SAN JUAN, FR

Office, 150 Ave. Carlos Chardon Ste. 150 United States District Court, Clerk's San Juan, F.R. 00918-1767

Nelson Huertas Bullat

Box 801 Ciales, P.R. 00638

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Case:17-03283-LTS Doc#:18179-1 Filed:09/21/21 Entered:09/21/21 11:16:49 Desc SRF 55923 Pro se Notices of Participation Page 39 of 101

Participant must provide all of the information below in English:

| - | act information, including email address, and that of its counsel, |
|------------------------------|--|
| if any: | 11 |
| Participant's Name: | terdi Soto Yagan |
| Participant's Address: | 26 Calle 11 Urb. Fair View S.J. P.R. 00926 |
| Participant's Email Address: | neidi K. 2000 @ gmail. com |
| Name of Counsel: | |
| Address of Counsel: | |
| Email Address of Counsel: | |
| 2. Participant's Clair | m number and the nature of Participant's Claim: |
| Claim Number: | 95964 |
| Nature of Claim: | Empleados Publicos |
| By: Veidi State | Fagain Some Some Some Some Some Some Some Some |
| Signature | |
| Heidi Soto 3 | tagan |
| Print Name | |
| Empleados 7 | Publicos |
| Title (if Participant is not | an individual) |
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| | |

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San Juan, F.R.

Inited States District Court Clerk's Office
150 Ave. Carlos Chardon Ste.
San Juan P.R. 00918-1767

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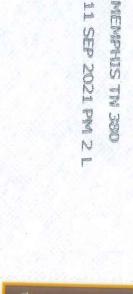
SRF 55923

Participant must provide all of the information below in English:

| if any: | uding email address, and that of its counsel, |
|--|--|
| Participant's Name: Hinera Cala | duron Horales |
| Participant's Address: A-4 colle 15 | TOA Alta Heights, Ton Atto, DR. |
| Participant's Email Address: | algnoil.com |
| Name of Counsel: | a de la composição de l |
| Address of Counsel: | |
| Email Address of Counsel: | |
| 그리면 그리면 이 사람들은 게 그림을 하고 있는데 얼마를 제한 경기를 가장하면 하는 사람들이 살아 살아가지 않는데 살아가지 않는데 살아보니 그렇게 되었다. | - C. |
| 2. Participant's Claim number and the na | ture of Participant's Claim: |
| | ture of Participant's Claim: |
| Participant's Claim number and the nate Claim Number: Nature of Claim: | |
| Claim Number: Nature of Claim: By: Signature | |
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Case:17-03283-LTS Doc#:18179-1 Filed:09/21/21 Entered:09/21/21 11:16:49 Desc Pro se Notices of Participation Page 43 of 101

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

| if any: | |
|------------------------------|---|
| Participant's Name: | Pablol, Moran artiz |
| Participant's Address: | P.O. BOX 1245 Hormiqueus, P.R 00660 |
| Participant's Email Address: | pablement id a gmail. com |
| Name of Counsel: | |
| Address of Counsel: | |
| Email Address of Counsel: | |
| 2. Participant's | Claim number and the nature of Participant's Claim: |
| Claim Number: | 8727 |
| Nature of Claim: | |
| By: Futile L. Moorn Delia | |
| Print Name | O-tiz |
| Title (if Participant is | s not an individual) |
| 09/04/2021 | 3 549 |
| Date | 35 |
| Instructions for Filing Not | ice of Participation: If you are represented by counsel this Notice |

201 SEP 20

Horniqueros, P.1200660 P.O. BOX 1245 Pablo Wherin

United States District Court, Clerk's 150 Ave. Carlos Chardon Ste. 150 San Joan, P.R. 60918-1767 1, Clerk's al

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Case:17-03283-LTS Doc#:18179-1 Filed:09/21/21 Entered:09/21/21 11:16:49 Desc Pro se Notices of Participation Page 45 of 101

Participant must provide all of the information below in English:

| 1. Participant's co | ontact information, including email address, and that of its counsel, |
|------------------------------|---|
| Participant's Name: | Forher Rovario Charlo |
| Participant's Address: | Urb Country club calle 506 07-10 CarolineP |
| Participant's Email Address: | Prosa 45 @ OUTLOOK. COM |
| Name of Counsel: | |
| Address of Counsel: | |
| Email Address of Counsel: | |
| 2. Participant's C | Claim number and the nature of Participant's Claim: |
| Claim Number: | 17 Bk 03283 |
| Nature of Claim: | Wages /commonwearth of P.R. |
| By: Signature | we make an ion that the organization of the man that the community of |
| Esther Ro | osario charlo |
| Print Name | SAN SAN S |
| Title (if Participant is | not an individual) |

Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in In re Commonwealth of Puerto Rico, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

Date

Case:17-03283-LTS Doc#:18179-1 Filed:09/21/21 Entered:09/21/21 11:16:49 Desc: Estha Rosario Charles Pro se Notices of Participation Page 46 of 101 Urb Country club Carre 506 0J-10

Caroline, P.R 00982





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United STATES DISTRICT COURT Clark's Office 150 Aug Carlos Chardon STE 150 San Juan, P.R. 00918 - 1767

Case:17-03283-LTS Doc#:18179-1 Filed:09/21/21 Entered:09/21/21 11:16:49 Desc Pro se Notices of Participation Page 47 of 101

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

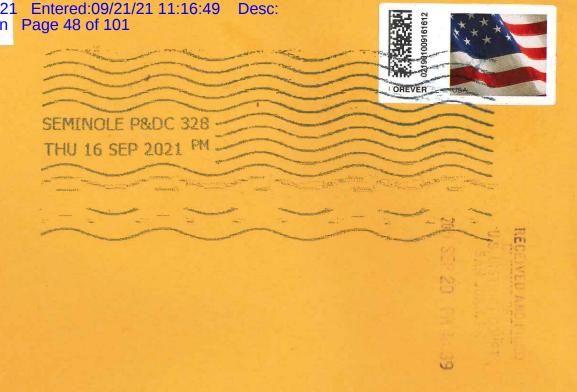
| if any: | | |
|---|--|------------|
| Participant's Name: | Pagan Martinez | _ |
| Participant's Address: Calle 40 F | AL-1 Repairlo Teresita Bay PROOGES | - |
| Participant's Email Address: | igano703@gmal.com | _ |
| Name of Counsel: | | - |
| Address of Counsel: | 4 | 200 |
| Email Address of Counsel: | 9 os | - 3 |
| 2. Participant's Claim number | and the nature of Participant's Claim: | |
| Claim Number: 5150 | 00 | |
| Nature of Claim: Public | L'Employée claims | |
| By: Signature | _ | |
| Lymine Pagan Print Name | | |
| Title (if Participant is not an individ | lual) | S DISTR |
| 9 13 2021 Date | | |

Case:17-03283-LTS Doc#:18179-1 Filed:09/21/21 Entered:09/21

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17811 Olive Oak Way

Orlando, FL 32820



United States District Court Clerk's Office 150 Ave. Carbs Chardon Ste. 150, San Juan, PR 00918-17107 Case:17-03283-LTS Doc#:18179-1 Filed:09/21/21 Entered:09/21/21 11:16:49 Desc: Pro se Notices of Participation Page 49 of 101

SRF 55923

1.

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

if any: Participant's Name: Participant's Address: Participant's Email Address: Name of Counsel: Address of Counsel: Email Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim: Claim Number: Nature of Claim: By: Signature Print Name Title (if Participant is not an individual)

Pro se Notices of Participation Page 50 of 101



United States District Court Clark's Office 150 Ave Carlos Chardon 5 tc. 150 San Juan POR 00918-1767

MEGLERIS OFFICE U.S. CERTIS OFFICE 20. SEP. 20. P.S. O.

SRF 55923

Participant must provide all of the information below in English:

| 1. Participant's contact information, including email address, and that of its counsel, |
|---|
| if any: |
| Participant's Name: Lopez Moga, Juan R |
| Participant's Address: HC 3 Box 20660, Arecibo An a |
| Participant's Email Address: Dlane to 1947 @ yahoo. com |
| Name of Counsel: |
| Address of Counsel: |
| Email Address of Counsel: |
| 2. Participant's Claim number and the nature of Participant's Claim: |
| Claim Number: 114377 |
| Nature of Claim: Commonwealth of Ruerto 1720, et. alig |
| By: Itan R. Lo Benblega |
| Signature |
| Juan R. Losez Moye |
| Print Name |
| |
| Title (if Participant is not an individual) |
| September 14, 2011 |
| |

Jean R. Gase: 17-03283-LTS Doc#: 18179-1 Filed: 09/21/21

Pro se Notices of Participation

HC 3 BOX 20660

Arecibo, PR. 006/2



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United States Dictrict Court Clerk's Office 150 Aue. Carbo Chardon Ste 150 San Juan, PR 00918-1767

RETURN PECEIPA

RETURN RECEIPT REQUESTED Case:17-03283-LTS Doc#:18179-1 Filed:09/21/21 Entered:09/21/21 11:16:49 Desc Pro se Notices of Participation Page 53 of 101

Participant must provide all of the information below in English:

| if amount | t's contact information, including em | | |
|--------------------------|--|----------------------|---------------------------|
| Participant's Name: | Maria Mercedes Ma | eléndez Martin | ez |
| Participant's Address: | Maria Mercedes Me HC-01 Box 2476 M ess: Yolandatee 187 @ | launabo, P.R.007 | 07 ja- Vo Tanda Teller |
| Participant's Email Addr | ess: Volandatee 187@ | gmail.com (78 | 7)900-6108 |
| Name of Counsel: | | | |
| Address of Counsel: | | | |
| Email Address of Counse | el: | * | |
| 2. Participan | t's Claim number and the nature of I | Participant's Claim: | |
| Claim Number: | | | |
| Nature of Claim: | | | |
| By: | | | |
| Signature | | | S S |
| Print Name | , | | FF 20 |
| Title (if Participa | nt is not an individual) | | |
| Date | | | £ 9 5 |

<u>Instructions for Filing Notice of Participation</u>: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are <u>not</u> represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

To whom it may concern.

My mom was a teacher since she was 19 yrs. old earning \$100/mo. Presently, she is in an elderly home Brisadel Mar, Inc in Guadarraya, Sect. Recio Patillas, P.R. with Alzheimer. She retired in 2005. She dedicated her life to her profession and her students. No one as of yet, have investigated the health 210720V2 CONFIRMATION DISCOVERY PROCEDURES NOTICE VERSION JULY 20, 2021

Issues of teachers after refirement. It's not fair for their retirement savings to be use for administrative debt payments; as they did with the the Special Education Dept.) These teachers worked hard and sacrificed the Ir time with their students to educate a community. Teachers equally as other professions, with their students to educate a community. Teachers equally as other professions,

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From: Mexcedes Melently Pro se Notices of Participation Page 55 of 101

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To. United States District Court Clerk's Office, 150 ave Carlos Chardon Ste. 150 San Juan, P. R. 00918-1767

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U.S. DISTRICT COURT

Case:17-03283-LTS Doc#:18179-1 Filed:09/21/21 Entered:09/21/21 11:16:49 Desc: Pro se Notices of Participation Page 56 of 101

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

| ir any: | |
|---|--|
| Participant's Name: Alvilda Or | tiz Santiago |
| Participant's Address: Unb Velomas, (| Central Igualdad #211, Vega Alta, PR 00192 |
| Participant's Email Address: + oabor | ricua 2 9 cloud-com |
| Name of Counsel: | |
| Address of Counsel: | |
| Email Address of Counsel: | |
| 2. Participant's Claim number and | d the nature of Participant's Claim: |
| Claim Number: 17308 in | case No. 17-3283 |
| Nature of Claim: | |
| By: Aluldes & Signature | U.S. DIII S.A. |
| Alvilda Ortiz Santiago Print Name | 20 F |
| Title (if Participant is not an individual) | |
| July 31, 2021 Date | |
| | |

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Case:17-03283-LTS Doc#:18179-1 Filed:09/21/21 Entered:09/21/21 11:16:49 Desc: Pro se Notices of Participation Page 58 of 101

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

| ii any: | | |
|------------------------------|--|--|
| Participant's Name: | Orlando Vargas Oliver | 200 |
| Participant's Address: | 243 calle Paris PMB 1266 | Sas Juan P.B. 00917 |
| Participant's Email Address: | Ovo 5950 2 g mail. com. | ites esesseral al |
| Name of Counsel: | The state of the s | Two years of the second |
| Address of Counsel: | | |
| Email Address of Counsel: | Chart-1 | - |
| 2. Participant's C | Claim number and the nature of Participant's | Claim: |
| Claim Number: | I do not know | Act The Control of th |
| Nature of Claim: | of AME Angust 15, MAL to | 100 miles |
| By: Colarlo O Signature | huga Okis | U.S. DIS SAN |
| Print Name Vargas | 5 Oliver | 20 GE 27 |
| Title (if Participant is a | not an individual) | 4174 |
| Date Septie | mbre 2021 | |

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Orlando Vargas Oliver 243 calle Paris PMB1266 San Juan, P.R. 00917-3632

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United States District Court, Clark Office 150 Ave. Carbs Chardon Ste. 150 San Juan, P.R. 00918-1767

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Case:17-03283-LTS Doc#:18179-1 Filed:09/21/21 Entered:09/21/21 11:16:49 Desc SRF 55923 Pro se Notices of Participation Page 60 of 101

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel.

1.

if any: Participant's Name: Participant's Address: morales muniz Guahoo. Com Participant's Email Address: m Name of Counsel: Address of Counsel: Email Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim: Claim Number: Nature of Claim: By: Title (if Participant is not an individual) Date

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JUAN, PR ARLOS 00918-1767

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Participant must provide all of the information below in English:

| 1. Participant's contact information, including email address, and that of its counsel, if any: |
|--|
| Participant's Name: Marta M. Gálvez Ocasio |
| Participant's Address: HCO3 BZN. 19251 Rio Grande |
| Participant's Email Address: Martagalvez 22 @ g.mail-com |
| Name of Counsel: |
| Address of Counsel: |
| Email Address of Counsel: |
| 2. Participant's Claim number and the nature of Participant's Claim: |
| Claim Number: Debt-from Gobernor Carlos Romer and Sila No Calderon. I didn't receive the moneythey approved |
| Nature of Claim: |
| By: Marta M. Malue, Signature Marta M. Galvez Oca 510 Print Name |
| Title (if Participant is not an individual) |
| 19 august 2021 Date |
| Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in In re Commonwealth of Puerto Rico, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767. How Many femel J. Supposed to be participated for the Same over any other and only again. |
| 210720V2 CONFIRMATION DISCOVERY PROCEDURES NOTICE VERSION JULY 20, 2021 9 |
| 210720V2 CONFIRMATION DISCOVERY PROCEDURES NOTICE VERSION JULY 20, 2021 9 HDO not lower the money Common at the contraction of |

COSID-170625 20 SEP 20 P, Goster) alogi PM 3 MEMPHIS TN 380 Participant must provide all of the information below in English:

| 1. Participant's contact information, including email address, and that of its counsel, if any: | |
|---|-----|
| Participant's Name: Danitza Rodriguez Andino | |
| Participant's Address: 200 Hilldale Ave. Havehill, MA 0/83 | 2. |
| Participant's Email Address: danitzza 2350g mail (on | |
| Name of Counsel: | |
| Address of Counsel: W/A | |
| Email Address of Counsel: WA | |
| 2. Participant's Claim number and the nature of Participant's Claim: | |
| Claim Number: 85954 | |
| Nature of Claim: About my retirment money | |
| By: Danitza Kochiques Andino | |
| DANITZA RODRIGUEZ ANDINO | - E |
| Print Name | SOL |
| | 335 |
| Title (if Participant is not an individual) | 299 |
| 8/26/2021 | |
| Date | |

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Hamerhill, MA 01832

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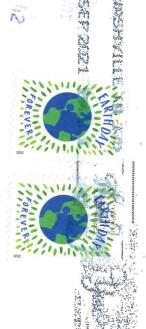
Participant must provide all of the information below in English:

| 1. Participant's contact information, including email address, and that of its counsel, |
|---|
| if any: |
| Participant's Name: Alice Daisy Atanador Andigar |
| Participant's Address: P.O. Box 98-Loiza, P.R. 00712 |
| Participant's Email Address: daisyafanador 55 @ gmail-c om laice afanador andigar egmail. Con |
| Name of Counsel: Leda. Ivonne Honzalez Horales |
| Address of Counsel: Edificio Gallardo, Son Juan, P.R. 00921 |
| Email Address of Counsel: |
| 2. Participant's Claim number and the nature of Participant's Claim: |
| Claim Number: 17 BK 3283 - 275 |
| Nature of Claim: Discovery for Confirmation of Common |
| By: Que Day Geneder Andrya inches ded my salary readjust ment |
| Signature Daisy Afanador Andriar document before |
| Print Name |
| 28 |
| Title (if Participant is not an individual) |
| 1 de septiembre 2021 |
| Date |

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led States District Court, Clerk's ice 150 Carlos Chardon Ste. 150



Case:17-03283-LTS Doc#:18179-1 Filed:09/21/21 Entered:09/21/21 11:16:49 Desc Pro se Notices of Participation Page 68 of 101

SRF 55923

1.

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

| ii aiiy. | |
|------------------------------|---|
| Participant's Name: | Evelyn Rodriquez Valentin |
| Participant's Address: | HC 08 Box 39934 Caguas P.R. 00725 |
| Participant's Email Address: | evirodz 60 agmail. com |
| Name of Counsel: | |
| Address of Counsel: | |
| Email Address of Counsel: | |
| | Claim number and the nature of Participant's Claim: |
| Claim Number: | No. 17 BK 3283- LTS num. 23781 |
| Nature of Claim: | Common wealth of P.R. |
| By: Luclipe Rod Signature | rique Valentin |
| Evelyn Rod Print Name | riguez Valentin |
| | |
| Title (if Participant is a | not an individual) |
| 9- sept-2 | 1021 |
| Date | |

Euchyn Rodriguez Valentin He 08 Box 39934 Coguas P. R. 00725

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United States District Court Clerk's Office 150 Ave. Carlos Chardon Ste. 150

San Juan P.R. 06918-1767

Case:17-03283-LTS Doc#:18179-1 Filed:09/21/21 Entered:09/21/21 11:16:49 Desc: Pro se Notices of Participation Page 70 of 101

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

| Participant's Name: Ny dia I. Collazo |
|--|
| Participant's Address: Capita'n Correa J-8 Rept. Flamingo, Bay Participant's Email Address: <u>nydia ivette 290 hotmail.com</u> |
| Participant's Email Address: <u>nydia ivette 290 hotmail.com</u> |
| Name of Counsel: |
| Address of Counsel: |
| Email Address of Counsel: |
| 2. Participant's Claim number and the nature of Participant's Claim: |
| Claim Number: 143238 |
| Nature of Claim: Public Employeex Dension / retiree |
| By: Nydia & Callago |
| Signature |
| Nydia I. Collazo |
| Print/Name B |
| |
| Title (if Participant is not an individual) |
| Deptember 5 - 2021 |
| Date / |

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Case:17-03283-LTS Doc#:18179-1 Filed:09/21/21 Entered:09/21/21 11:16:49 Desc: Pro se Notices of Participation Page 72 of 101

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

| if any: |
|--|
| Participant's Name: Juan Ranivez Cortés |
| Participant's Address: Sector Juan Ramirez, 2029 carr. 417 Int. Agua da, P. |
| Participant's Email Address: |
| Name of Counsel: De partamento de Educación Si Stema de Refiro de Marstros, San Juan M |
| Address of Counsel: Sistema de Refiro de Marsfros, San Juan M |
| Email Address of Counsel: |
| 2. Participant's Claim number and the nature of Participant's Claim: |
| Claim Number: No. 17BK 3283-LTS |
| Nature of Claim: Dinero Adeudado |
| By: John Ross age |
| Juan Ramitez Cortes |
| Print Name |
| Sistema Retiro Maestros |
| Title (if Participant is not an individual) |
| 7 de septiembre de 2021 |
| Date |

Juan Ramírez Cortes Sector Juan Ramirez 2029 Carry 17 Int Aguada, P.R. 00602

San Juan, P. R. 00918-1767 150 Ave. Carlos Chardon Ste. 150

United state District, Clerk's Office

Case:17-03283-LTS Doc#:18179-1 Filed:09/21/21 Entered:09/21/21 11:16:49 Desc: Pro se Notices of Participation Page 74 of 101

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

| if any: | |
|--|--------|
| Participant's Name: <u>Susang</u> Suren | |
| Participant's Address: 3575 Madison & Bellwood IL | 60100 |
| Participant's Email Address: <u>Susanasuren@gmail.com</u> | |
| Name of Counsel: | |
| Address of Counsel: | |
| Email Address of Counsel: | |
| 2. Participant's Claim number and the nature of Participant's Claim: | |
| Claim Number: 170054 | |
| Nature of Claim: | |
| By: Signature | |
| Signature Sugar | Hale — |
| Print Name | |
| | |
| Title (if Participant is not an individual) | |
| 09-05-21 | |
| Date | |
| Instructions for Filing Notice of Participation: If you are represented by council this Notice | |

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Susana Suren

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Case:17-03283-LTS Doc#:18179-1 Filed:09/21/21 Entered:09/21/21 11:16:49 Desc: Pro se Notices of Participation Page 76 of 101

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

if any: Andrés Soto Nieva Participant's Name: HCTBOX 75473, Son Subostipm PRODLAS Participant's Address: Participant's Email Address: Contabilidad Clasea @ 40hocom Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: 2. Claim Number: Claimed Deportment OF Nature of Claim: By: Signature Title (if Participant is not an individual) 30 August



Case:17-03283-LTS Doc#:18179-1 Filed:09/21/21 Entered:09/21/21 11:16:49 Desc: Pro se Notices of Participation Page 78 of 101

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

if any: Participant's Name: G-59 Parque Ecuestre Participant's Address: Participant's Email Address: rodriquezhay dee 134@ Jahoo. com Ivonne Gonzalez Morales Name of Counsel: Address of Counsel: Email Address of Counsel: ivonneam@prw-net 2. Participant's Claim number and the nature of Participant's Claim: 20,000 No. 17 BK 3283 - LTS Claim Number: romesa Title TT Nature of Claim By: Title (if Participant is not an individual) e Destambre, 2021 Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice

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Marelina PR 00987

Inited States District Court, Clerk's Of 150 Ave. Carlos Churdon Ste. 150 San Juan PR 00918-1767

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Case:17-03283-LTS Doc#:18179-1 Filed:09/21/21 Entered:09/21/21 11:16:49 Desc: Pro se Notices of Participation Page 80 of 101

Participant must provide all of the information below in English:

| | ontact information, including email address, and that of its counsel, |
|-------------------------------------|---|
| if any: | (1) 1011 |
| Participant's Name: | LuisAUNtolaza Ortolaza |
| Participant's Address: | HC 7 Box 12363 |
| Participant's Email Address: | Arecibo, PR. 00612 -8626 |
| Name of Counsel: | |
| Address of Counsel: | |
| Email Address of Counsel: | |
| 2. Participant's C | Claim number and the nature of Participant's Claim: |
| Claim Number: | NO: 17 BK 3283 - L.TS |
| Nature of Claim: | |
| By: Luis a | Ortolara Ortolara 20 SAN JULI |
| Signature | SAN |
| Luis A | Ortolara Ortolara |
| Print Name | P ACT |
| | |
| | |
| Title (if Participant is | not an individual) |
| Title (if Participant is O Sept. o | not an individual) |

ZW SEP 20 PH 4: 43

Luist Ortolara Ortolara Her Box 12363 Arceibo, PR. 00612 - 8626

United States Vistrict

Court, Clerk's office

150 Aue Carlos Chardon Ste-152



Case:17-03283-LTS Doc#:18179-1 Filed:09/21/21 Entered:09/21/21 11:16:49 Desc: Pro se Notices of Participation Page 82 of 101

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

| if any: | |
|------------------------------|---|
| Participant's Name: | Noemi Maldonado Freyfes |
| Participant's Address: | 385 Calle Andres Narvaez MorovisP. L.00 |
| Participant's Email Address: | mmaldonado 30@hofmail. com |
| Name of Counsel: | The commonwealth of P.R. |
| Address of Counsel: | |
| Email Address of Counsel: | |
| 2. Participant's C | Claim number and the nature of Participant's Claim: |
| Claim Number: | 17 BK 3283-LTS |
| Nature of Claim: | PROMESA |
| By: Noemo Wal | losura |
| Signature | |
| Noem Ma | Idonado |
| Print Name | |
| Title (if Participant is | not an individual) |
| 16 aug 21 Date | - A A A A A A A A A A A A A A A A A A A |
| | |

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San Juan P.K. 00918-1767

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Case:17-03283-LTS Doc#:18179-1 Filed:09/21/21 Entered:09/21/21 11:16:49 Pro se Notices of Participation Page 84 of 101 Desc:

Participant must provide all of the information below in English:

| 1. Participant's contact information, including email address, and that o if any: | f its counsel, |
|---|----------------|
| Participant's Name: Participant's Address: 14 Pedro Diac Fonsech U-b. Ferná Cidra, P. R 00739 | 40 |
| Participant's Address: Cidra, P. R. 00739 | ndez |
| Participant's Email Address: | |
| Name of Counsel: | B. TY |
| Address of Counsel: | |
| Email Address of Counsel: | |
| 2. Participant's Claim number and the nature of Participant's Claim: | |
| Claim Number: 175383 EM PLOYEES RETIREMENTS IS TEM OF THE Nature of Claim: OF THE COMMON WENLTH OF PUERTORICO | GOBERMENT |
| By: Juan B. Rolingue amos o | |
| Juan B. Rodriguez Arroyo Print Name | |
| Promesa Title III | U.S. DIE |
| Title (if Participant is not an individual) | 8 = 200 |
| 9-8-2021 | |
| Date | をご言 |
| nstructions for Filing Notice of Participation: If you are represented by counsel, to | his Notice |
| must be filed electronically with the Court on the docket using the CM/ECF docket experiment to Participate in Discovery for Commonwealth Plan Confirmation, in <i>In re</i> Commonwealth of Puerto Rico, Case No. 17 BK 3283-LTS, through the Court's case | ent Notice |

system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

Juan B. Rod 00918-170625 (united Itake District Court, Clark's Office 50 ave. Chardon Ste. 150 Juan, P.R. 00918-1767 13 SEP 2021 PM 4 Transition of the control of the con MEMPHIS TN 380 WENT D

Case:17-03283-LTS Doc#:18179-1 Filed:09/21/21 Entered:09/21/21 11:16:49 Desc: Pro se Notices of Participation Page 86 of 101

Participant must provide all of the information below in English:

| 1. Participant's contact information, including email address, and that of its counsel, |
|--|
| if any: |
| Participant's Name: Blancon R. Perez Ortiz Uso. Reporto Hanningo G44 Calle Carputan Correa |
| Participant's Address: Bayamon P.R. 00959 |
| Participant's Email Address: blanca per la 7777 @ yahoo. com |
| Name of Counsel: |
| Address of Counsel: |
| Email Address of Counsel: |
| 2. Participant's Claim number and the nature of Participant's Claim: |
| Claim Number: 33396 |
| Nature of Claim: notice to intest participate in Descoury for |
| By: Calcab Per of Confumation of Commowell |
| |
| Blanca R Perez Ortiz Print Name |
| Print Name |
| Title (if Participant is not an individual) |
| 8/12/201 |

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Case:17-03283-LTS Doc#:18179-1 Filed:09/21/21 Entered:09/21/21 11:16:49 Desc: Pro se Notices of Participation Page 88 of 101

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

| if any: | | |
|------------------------------|---|---------------------|
| Participant's Name: | Rafael Sanche | |
| Participant's Address: | mansiones de Games | unche calle 2 C=2 |
| Participant's Email Address: | paradise 26500 yavoo.com | 1 Conjude 1 PR 6096 |
| Name of Counsel: | | |
| Address of Counsel: | | |
| Email Address of Counsel: | | |
| 2. Participant's C | laim number and the nature of Participa | ant's Claim: |
| Claim Number: | 17 BK 3285 | |
| Nature of Claim: | Confirmation of Co | emmerweeth Plan |
| By: Nature Signature | h Polain | |
| BAFAEL Sa | indez Pabón | SE SADE |
| Print Name | | 2 EEE |
| Title (if Participant is | not an individual) | |
| * | seption ble de seal | |
| Date | | |

United States District

Court CLOSK'S OFFICE

Discovery Notice to the Court's Clerk's

San Juan, P. R. 00918-1767

50 Ave. Carles Charden Ste. 150

Mansiones de Guaynabo C 2 Calle 2 Guaynabo, PR 00969 Rafael Sanchez



Case:17-03283-LTS Doc#:18179-1 Filed:09/21/21 Entered:09/21/21 11:16:49 Desc: Pro se Notices of Participation Page 90 of 101

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

| ii dily. | | | | | |
|--------------------------------|-------------------|-------------------|------------------|------------|--|
| Participant's Name: | Carlos R. | Rodriguez | Diaz | | |
| Participant's Address: | vb. Haciendas d | e San German | | | |
| Participant's Email Address: | rede hotmo | ail-com C | rod2diaz | e gmail co | in |
| Name of Counsel: | | | | | |
| Address of Counsel: | | | | | |
| Email Address of Counsel: _ | | | | | |
| 2. Participant's Cla | im number and t | the nature of Par | ticipant's Clair | m: | |
| Claim Number: | 112500 | 9 | | | |
| Nature of Claim: By: Signature | General | Unsecur | ed | | |
| Carlos R. Podni Print Name | guer Díaz | | | | MENCY STEE STEE STEE STEE STEE STEE STEE STE |
| | | | | 8 | |
| Title (if Participant is no | ot an individual) | | | | |
| Date | | | | 5407 | |

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United States District Court



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Case:17-03283-LTS Doc#:18179-1 Filed:09/21/21 Entered:09/21/21 11:16:49 Desc: Pro se Notices of Participation Page 92 of 101

Participant must provide all of the information below in English:

| 1. I | Participant's contact information, including email address, and that of | f its counsel, |
|------------------|---|---------------------------------------|
| | if any: | |
| Participant's Na | ame: Paula Lopez Lope | 2 |
| Participant's Ac | | |
| Participant's En | mail Address: paula lopez paloma & gmai | il-com |
| Name of Couns | sel: N/A | 2 |
| Address of Cou | unsel: N/A | 4 <u>.</u> |
| Email Address | of Counsel: V/A | |
| 2. | Participant's Claim number and the nature of Participant's Claim: | |
| Claim Number | 17 BK 3283-LTS | |
| Nature of Clair | m fomesa Title III | |
| By: | aula Japez Japez | S S S S S S S S S S S S S S S S S S S |
| Signatu | ire / O / O | 8 255 |
| Print N | Jame | |
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| Title (i | f Participant is not an individual) | دغ |
| 7 Date | sept. 2021 | |

P.O. Box 639 Añasco, P.R. 00610

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Case:17-03283-LTS Doc#:18179-1 Filed:09/21/21 Entered:09/21/21 11:16:49 Desc: SRF 55923 Pro se Notices of Participation Page 94 of 101

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any: Maribel Alvarez Rosado Participant's Name: Participant's Address: Participant's Email Address: malvanezcosadi Name of Counsel: Address of Counsel: Email Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim: Claim Number: Nature of Claim: Print Name Title (if Participant is not an individual)

PH 4: 44



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Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

| if any: | | |
|------------------------------|---|------------|
| Participant's Name: | P.O. Box 21 Añasco, P.R.00610 | |
| Participant's Address: | P.O. Box 21 Añasco, P.R.00610 | M. |
| Participant's Email Address: | hcresporios @ hotmail.com | |
| Name of Counsel: | N/A | |
| Address of Counsel: | N/A | |
| Email Address of Counsel: | NA | _ |
| 2. Participant's C | Claim number and the nature of Participant's Claim: | |
| Claim Number: | 17BK 3283-LTS | 0.0 8674 |
| Nature of Claim: | Promesa Jitle III | |
| By: Payle Cup to | 200 | S.D. |
| Signature / | 20 | |
| Houdee (response) Print Name | Rios | 도그림 도요금 |
| | | 3 |
| Title (if Participant is | not an individual) | |
| September 10 | , 2031 | |

Case:17-03283-LTS Doc#:18179-1 Filed:09/21/21 Entered:09/21/21 11:16:49 Desc: Pro se Notices of Participation Page 97 of 101

CLERK'S OFFICE U.S. DISTRICT COURT SAN JUAN,

Haydee Crespotios P.O. Box 21 Anasco, P. R. 00610

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mited States District Court earl's Office Chardon Ste 150

San Juan, P.R. 00918-1767



Case:17-03283-LTS Doc#:18179-1 Filed:09/21/21 Entered:09/21/21 11:16:49 Pro se Notices of Participation Page 98 of 101

Participant must provide all of the information below in English:

| Participant's contact information, including email address, and that of its counsel, if any: |
|--|
| Participant's Name: Vivian Palermo Acosta |
| Participant's Address: HC 1 Box 7236 San German P.R 00683 |
| Participant's Email Address: Vivian. palermo 1958 @ 9 mail. com |
| Name of Counsel: |
| Address of Counsel: |
| Email Address of Counsel: |
| 2. Participant's Claim number and the nature of Participant's Claim: |
| Claim Number: 17 BK 3283 - LTS |
| Nature of Claim: Promesa Title III By: Libel West |
| Signature and the second secon |
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| Fillit Name and a superstance of the superstance of |
| Title (if Participant is not an individual) |
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Case:17-03283-LTS Doc#:18179-1 Filed:09/21/21 Entered:09/21/21 11:16:49 Desc: Pro se Notices of Participation Page 100 of 101

Participant must provide all of the information below in English:

| 1. Participant's contact information, including email address, and that of its counsel, |
|---|
| if any: |
| Participant's Name: ANG. A. Saifer Velez |
| Participant's Address: Coop Jordines Son Ignacio Apt 7 |
| Participant's Email Address: angie Saiter @ yahoo.com. |
| Name of Counsel: Kork Isabel Encornación Saiter |
| Address of Counsel: Savahnna Real Maniver QQ15 Son Le |
| Email Address of Counsel: Karla Saiter 750 g, mail. Com |
| 2. Participant's Claim number and the nature of Participant's Claim: |
| Claim Number: 17 BK 3283 - LTS |
| Nature of Claim: Len Promesa Title 111 |
| By: CM |
| Signature |
| Ang A. Saiter Veler |
| Print Name |
| |
| Secretoria |
| Title (if Participant is not an individual) |
| Dent 9/21 |
| Date |
| |
| Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice |
| must be filed electronically with the Court on the docket using the CM/ECF docket event Notice |
| of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in In re |
| Commonwealth of Puerto Rico, Case No. 17 BK 3283-LTS, through the Court's case filing |
| system on or before the applicable deadline. If you are <u>not</u> represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's |
| Office, 150 Ave. Carlos Chardon Ste. 150. San Juan PR 00918-1767 |
| Ana A. Saifer Vellz 939, 644-5667 |
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| Dest. Salud 37 PR |
| 210720V2 CONFIRMATION DISCOVERY PROCEDURES NOTICE VERSION JULY 20, 2021 9 |
| Hospital Perlia trico centro medica Desti Salud & TPR 210720V2 CONFIRMATION DISCOVERT PROCEDURES NOTICE, VERSION JULY 20, 2021 9 Abril 183 - Lasta il die Le Loy. |
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42600 150 Alle. Carlas Chardon 5te. 150 · levk's office +941-81600 J. J. now,